

07-28-04
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26371 7590 05/05/2004

FOLEY & LARDNER
777 EAST WISCONSIN AVENUE
SUITE 3800
MILWAUKEE, WI 53202-5308

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Deborah A. Kocorowski	(Depositor's name)
<i>Deborah A. Kocorowski</i>	(Signature)
July 27, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/812,720	03/20/2001	Mark W. Mellencamp	041303-0138	2610

TITLE OF INVENTION: EQUINE HERPESVIRUS VACCINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FOLEY, SHANON A	1648	424-224100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Foley & Lardner LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Boehringer Ingelheim Vetmedica, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Joseph, Missouri

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1447 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *M. Scott McBride* (Date) *7/27/04*

M. Scott McBride, Registration No. 52.008

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/29/2004 DEHMANU2 00000065 09812720

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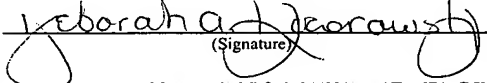


Atty. Dkt. No. 041303-0138

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mellencamp, Mark W.
Title: EQUINE HERPESVIRUS
VACCINE
Appl. No.: 09/812,720
Filing Date: 03/20/2001
Examiner: Foley, Shanon A.
Art Unit: 1648

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EV 459166156 US (Express Mail Label Number)	July 27, 2004 (Date of Deposit)
Deborah A. Kocorowski (Printed Name)	
 (Signature)	

ISSUE FEE TRANSMITTAL

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$1,630.00 for payment of the Issue Fee (\$1,330.00) and for payment of the Publication Fee (\$300.00) for the above-identified utility patent application.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

7/27/04

By

M. Scott McBride

FOLEY & LARDNER LLP
Customer Number: 26371
Telephone: (414) 297-5529
Facsimile: (414) 297-4900

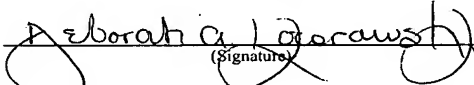
M. Scott McBride
Attorney for Applicant
Registration No. 52,008



Atty. Dkt. No. 041303-0138

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mellencamp, Mark W.
Title: EQUINE HERPESVIRUS
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(Printed Name)	
	
(Signature)	

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Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith are the following documents for the above-identified application.

- ☒ [X] Issue Fee Transmittal (1 page).
- ☒ [X] Issue Fee Transmittal Form PTOL-85(B) (1 page).
- ☒ [X] Check No. 14331 in the amount of \$1,630.00 for payment of the Issue Fee (\$1,330.00) and of the Publication Fee (\$300.00).

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7/27/04

By M. Scott McBride

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